

**HIT Standards
Vocabulary Task Force
Draft Transcript
May 4, 2010**

Presentation

Chris Brancato – Deloitte – Manager, Health Information Technology

Good afternoon. My name is Chris Brancato from the Office of the National Coordinator. Welcome to the May 4, 2010 Clinical Operations Vocabulary Taskforce Meeting. This meeting is a public meeting held in accordance with the Federal Advisory Committee Act. This meeting is being recorded. The materials related to this meeting will be available to the public via the healthit.hhs.gov Web site. With your permission, Jamie, I would like to take roll call.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Please.

Chris Brancato – Deloitte – Manager, Health Information Technology

Jamie Ferguson?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Present.

Chris Brancato – Deloitte – Manager, Health Information Technology

Betsy Humphreys?

Betsy Humphreys – National Library of Medicine – Deputy Director

Present.

Chris Brancato – Deloitte – Manager, Health Information Technology

Don Bechtel? Chris Brancato? Lisa Carnahan? Christopher Chute? Bob Dolan? Craig Downing? Floyd Eisenberg? Doug Fridsma? Marjorie Greenberg? Patricia Greim? Amy Gruber? John Halamka? Stan Huff?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Present.

Chris Brancato – Deloitte – Manager, Health Information Technology

Thank you, sir. John Klimek? Clem McDonald? Stuart Nelson?

Stuart Nelson – NLM – Head, Medical Subject Headings Section

Here.

Chris Brancato – Deloitte – Manager, Health Information Technology

Marc Overhage? Marjorie Rowland?

Marjorie Rowland

Here.

Chris Brancato – Deloitte – Manager, Health Information Technology

Hello, Marjorie. Dan Vreeman?

Daniel Vreeman – Regenstrief Institute – Research Scientist

Present.

Chris Brancato – Deloitte – Manager, Health Information Technology

I heard Dan on the line before. Jim Walker?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer

Here.

Chris Brancato – Deloitte – Manager, Health Information Technology

Andy Wiesenthal?

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Here.

Marjorie Greenberg – NCHS – Chief, C&PHDS

This is Marjorie Greenberg. I was having trouble getting into the line.

Chris Brancato – Deloitte – Manager, Health Information Technology

Hello, Marjorie. Thank you.

Stuart Nelson – NLM – Head, Medical Subject Headings Section

This is Stuart Nelson. Do you hear me?

Chris Brancato – Deloitte – Manager, Health Information Technology

I'm sorry?

Stuart Nelson – NLM – Head, Medical Subject Headings Section

This is Stuart Nelson. Can you hear me?

Chris Brancato – Deloitte – Manager, Health Information Technology

Yes, sir. I can.

Stuart Nelson – NLM – Head, Medical Subject Headings Section

Did you mark me present?

Chris Brancato – Deloitte – Manager, Health Information Technology

I certainly did.

Stuart Nelson – NLM – Head, Medical Subject Headings Section

All right.

Chris Brancato – Deloitte – Manager, Health Information Technology

Anyone else from the committee members that I have not called? From ONC, Jodi Daniel? Carol Bean? And I'm replacing Judy Sparrow at this point. Jamie, that's the roll call, sir.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Great. Thank you very much. I am hearing some echo, so if folks are not speaking, if you could please put your phones on mute, I'd appreciate it.

The agenda for today's meeting is pretty simple. My expectation is that this meeting will take an hour or less, although we certainly can go longer if that's wanted and appropriate. I really wanted to cover two items on today's agenda. One is to review the recommendations that we made and the approval of those recommendations by the standards committee last week. We did have some expansion of the recommendations in the committee meeting last week, so I want to talk about that. And then I also wanted to get input today on our next steps.

We had said previously that after making recommendations on rules of the road and the approach to governance of vocabularies. We wanted to next turn our focus to restructure and tooling, and so I wanted to just get some ideas out on the table today about how we would approach getting input and having a discussion on different factors and parameters around infrastructure and tooling as our next steps. That's my intention for the agenda for today. Does anybody disagree with any of that or want to add or change anything?

Okay. Then let's dive into the standards committee meeting last week and review the approval of our recommendations. I think you've all received the slides from the standards committee meeting that reworded our recommendations in light of the last couple of conversations that we've had. The final form of our first recommendation is that a single federal office or agency should be responsible for insuring the creation, maintenance, dissemination, and accessibility of all controlled vocabularies, vocabulary value sets, and subsets related to meaningful use.

Now that is actually a pretty substantial expansion from our original recommendation in that in the standards committee discussion, instead of just focusing on value sets and subsets related to meaningful use, the full terminology, the base standards, the vocabularies themselves were added to this recommendation, and I would say that in the discussion last week, there was recognition that, in some cases, in fact many cases, there are other federal agencies or offices that have legal responsibilities, accountabilities, and requirements around some of these same aspects of these same vocabularies that are overriding in a legal sense. Therefore, for the vocabularies themselves, this might be more of a coordination function for purposes of meaningful use implementers more so than it would be a mechanism of actual control.

Now I forget exactly who is on the phone that was in the meeting last week, but are there other comments? Jim, I think you were in the meeting. I don't know, for those who were not there, what else you would want to add to that.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Did you say that these were sent out to us or are they posted on the Web?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think, Chris, I believe Judy sent these out.

Chris Brancato – Deloitte – Manager, Health Information Technology

Yes, I believe she did. In fact, I looked at them this morning, so they went to the whole group. If you want, Marjorie, I'll look to see what day they went out.

Marjorie Rowland

Yes. This is Marjorie Rowland. I didn't get them either.

Marjorie Greenberg – NCHS – Chief, C&PHDS

You know, I've participated. There seems to be something wrong with the list. I participated in the call of the clinical workgroup that was like the day before. And Judy said that she had sent out the slides that were presented to the clinical workgroup, but I had never received them. And I have not received anything from her subsequently either.

Chris Brancato – Deloitte – Manager, Health Information Technology

I'll make sure that gets addressed, Marjorie.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Sorry about that. Did others have the same experience of not getting the—?

M

I don't believe I got the HIT standards minutes for recommendations either.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. I know they went up on the Web last week under the standards committee Web site because they were the presentation materials for the standards committee meeting.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes, and I was actually on that call as well. And you're saying that the first recommendation – I heard the discussion regarding the inventory or the, you know, on the second recommendation, that they wanted to have easy access to the full vocabularies. But I don't know whether I was

Marjorie Rowland

Yes. This is Marjorie. I missed the call, and of course that's going to require further discussion from the AMA with respect to CPT.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Because I was unaware that the first recommendation also included the full vocabularies, so I feel like, I don't know. Maybe I was—

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

What happened was that was not part of our recommendation going into the meeting. But what I'm saying is that the questions for discussion that we had for the committee included a question on – because we had heard some, in fact, quite a bit of input saying that these recommendations should focus on the entire terminologies instead of just the value sets and subsets. So we posed that question to the standards committee. That was not part of our recommendation going in, but it was part of the ultimate recommendation to the national coordinator because the standards committee felt that the full vocabulary should be included in both recommendations.

Marjorie Greenberg – NCHS – Chief, C&PHDS

What time of day was that because when they approved it, I really didn't hear that? I don't know whether I was sleeping—

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. It was basically after we went through the slides with recommendation one and recommendation two, then we got to the questions for discussion, which referred back, and I think the first question, in fact, was this question of whether or not the recommendations should include the entire vocabularies or whether they should be restricted to the value sets and subsets.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

This is Floyd, and I was physically at the meeting. I didn't remember that as a final conclusion of the recommendation though.

Marjorie Greenberg – NCHS – Chief, C&PHDS

I feel better now because I thought that they agreed that they would like this vocabulary taskforce to look at or the clinical workgroup to continue its exploration related to the full vocabularies, but I certainly didn't hear that that first ... and even that they would like, even though it might be, there might be other sources of the full vocabularies. I think even you said that, Stan, that it would be great if they could get one stop shopping for access, but that the coordinating role and even control role would include the full vocabularies.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I was doing the presentation on this question, and I specifically mentioned that obviously this would not be a control role for the full vocabularies, but it would be a coordination role for meaningful use. And so that was agreed to.

Betsy Humphreys – National Library of Medicine – Deputy Director

Is everybody on the call talking about the same meeting?

Marjorie Greenberg – NCHS – Chief, C&PHDS

I'm not sure.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I'm talking about the standards committee meeting.

Betsy Humphreys – National Library of Medicine – Deputy Director

On the 28th.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Floyd, you were there.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Yes.

Marjorie Greenberg – NCHS – Chief, C&PHDS

And you did not year that?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Well, I did hear ... role in managing the value sets, but not the whole vocabularies, unless I missed something.

Marjorie Greenberg – NCHS – Chief, C&PHDS

And where are the final recommendations? I'm having trouble finding them on the Web site, and they certainly were not sent to me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Chris, I don't know. Was the transmittal letter with the final recommendations, so that's the one that both the Johns and I approved for sending? Was that distributed to the full group?

Chris Brancato – Deloitte – Manager, Health Information Technology

That's what I'm looking at now, Jamie. I just sent you a copy of the one that you edited.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

This is Stan. I can't comment on what happened in the meeting because I didn't attend, but I guess I would just say that I like the extension.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I mean, we did discuss that in the meeting, and I asked for explicit agreement on that, and both John Halamka and I felt that we got it. But as I said, that was, so the sequence of events was we went through, in going through the slides, we went through the slides on recommendation one and recommendation two. Then we turned to the questions for discussion, and the first question was this central question of whether the coordination role should include the full vocabularies, as well as whether the infrastructure and the central repository should include the full vocabularies.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Wasn't that after they approved the – that's what's so strange in my mind. Wasn't that after they approved the recommendation? As I recall the sequence, they approved the recommendations, and then you raised those questions, and I thought it was like going forward, but didn't interpret that as actually changing the recommendations. Well, I mean, I would say I should have been there in person, but since Floyd was there in person, and he didn't hear it either, I'm just very confused. We'll have to see how this plays out because obviously there's, you know, we'll just have to see how it plays out, I guess.

Marjorie Rowland

Yes. This is Marjorie. Are we asking for wider input because I know the AMA will need much further clarification on that, I mean, given the thought of the model of CPT at the moment.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Did Chris say that he just sent us something?

Chris Brancato – Deloitte – Manager, Health Information Technology

I sent them to Jamie.

Marjorie Greenberg – NCHS – Chief, C&PHDS

To Jamie, okay.

Chris Brancato – Deloitte – Manager, Health Information Technology

But I will send it to the entire group with his permission.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Chris, I see the document that you sent me. Let me double check that that is the same version that Let me just send you the approval notes from myself and the Johns. Hang on just a second while I find that.

Chris Brancato – Deloitte – Manager, Health Information Technology

Perfect.

Betsy Humphreys – National Library of Medicine – Deputy Director

Those of us who didn't have the opportunity to listen can listen to the audio and judge for ourselves.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

This is Andy. We seem to be stuck here. Whatever actually happened at that meeting, something went forward from the standards committee. Anybody who needs to get clarification on that should and is probably allowed to read or listen to it, as Betsy suggested, and then comment going forward. But there's not something for us to do here, is there?

Marjorie Greenberg – NCHS – Chief, C&PHDS

It'd just be nice to know what actually happened.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Yes, it would. But it's clear we can't find out.

Marjorie Greenberg – NCHS – Chief, C&PHDS

No, it is not on the Web site.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Not here, not now.

Chris Brancato – Deloitte – Manager, Health Information Technology

It actually is on the Web site The PowerPoint that Jamie presented to the full committee, I'm looking at it. So what I'll do is I'll send that around.

Marjorie Greenberg – NCHS – Chief, C&PHDS

But that's not, apparently, the final one.

Chris Brancato – Deloitte – Manager, Health Information Technology

This is the one that's in public record.

Marjorie Greenberg – NCHS – Chief, C&PHDS

That's what he presented, but then he's saying that it got changed.

Chris Brancato – Deloitte – Manager, Health Information Technology

I see.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes, but again, I agree that Andy that for this meeting, I think we can move forward. That distinction is something that won't become important until we start making the next recommendations probably about what we're actually going to do and that sort of stuff. So in terms of the review and planning for additional sessions or what we want to do with next steps, I think the difference is not important yet.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Chris, I have sent you the letters that Judy sent and also the approval note.

Chris Brancato – Deloitte – Manager, Health Information Technology

Got it. I'll send that around.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

The recommendation is that the federal office or agency that has responsibility for insuring the creation, maintenance, dissemination, and accessibility of the vocabularies, the value sets, and the subsets should be responsible for the processes and activities related to them through coordination with other federal agencies, standards development organizations, and relevant stakeholders that the processes and activities should include, that are governed should include identifying what vocabularies, value sets, and code sets are needed who will be responsible for producing and maintaining them, how often updates will be made available, and establishing standard formats for the production and dissemination of vocabularies.

In addition, the entities should manage the processes for review, testing, and approval, and publication of sets, and insure the existence of a robust, authoritative infrastructure, so that is recommendation two. And the entity should insure funding, as needed, to establish support and maintain these activities, and to make meaningful use vocabularies, value sets, and subsets available to users of EHR technology for U.S. wide use at no cost. So those are the kind of supporting points for recommendation one.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Is that going to be sent to us?

Chris Brancato – Deloitte – Manager, Health Information Technology

It's on its way.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. Then moving on to recommendation two, talking about the central repository, there was, I think, broad standards committee support for the central repository concept, as opposed to the system of pointers. And there was discussion about the unanimous nature of the request of implementers ... of EHRs in having one place to go, and not being sent to different places for different vocabularies and different value sets.

There was also some discussion and, I would say, strong support for differentiating between those things that are mandated for meaningful use, in other words, the vocabularies and value sets that are required for use to get the funds, as opposed to the idea of convenient subsets. In fact, there was some expanded discussion on subsets that are in fact not related to meaningful use, such as research vocabulary subsets that are not, at least not currently related to meaningful use. And some of the committee members wanted to make sure that those things were not tightly controlled.

But I think that's exactly the nature of our recommendation is that the only things that should be essentially under the tighter control framework within the infrastructure would be those things that are

required for meaningful use, and the convenience subsets and other subsets would be more of a loosely controlled and sharing environment. I think that's fully consistent with our discussions as well.

Any other discussion about the standards committee meeting? Frankly, I'll say that, overall, there was a great deal of support in the standards committee for these recommendations, and the clarifying points, I thought, actually ended up in many cases being supporting points.

Marjorie Greenberg – NCHS – Chief, C&PHDS

It all makes sense to me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Now for those who were there, Chris or Floyd or Jim, anything else that stands out to you from the committee discussion?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

This is Floyd. No, I think that covers the discussion, and I agree. There was very strong support, not much discussion about the items, the discussion was afterwards, after the vote. No, I think it covers it.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer

I believe so too, Jamie.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Has anyone thought about how this is going to be operationalized now that this includes all controlled vocabularies?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Again, it's not all controlled vocabularies. It's those ones that are in meaningful use.

Marjorie Greenberg – NCHS – Chief, C&PHDS

True.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Related to meaningful use is the way it reads.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

That's right.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Betsy isn't on the line, right?

Betsy Humphreys – National Library of Medicine – Deputy Director

I am.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Betsy Humphreys – National Library of Medicine – Deputy Director

I think that the issue is that, from my perspective, the committee has made recommendations that identify what they think is needed and what should be the goal, and then obviously if the National Coordinator accepts this or decides to move forward with it, then there's the plan of how you get from where we are to where you want to be. And there obviously would be a number of steps to be taken.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes. From long experience with an advisory committee, I realize they advise.

Betsy Humphreys – National Library of Medicine – Deputy Director

It is definitely clear, or shall we say these recommendations certainly reflect the preponderance of advice and requests that have been received or that I have heard in this and other forums from people who have to move ahead to try to achieve meaningful use.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

My answer to that question is that's part of what I would hope we would talk about in subsequent committee meetings is how we would operationalize that or how we might suggest that. In my mind, the role for these existing terminologies, the whole vocabulary set, I think it would be a process where people are picking up from the originating source as SNOMED CT, LOINC, or others, picking up the current version, formatting the file so that they can be downloaded and incorporated into other terminologies in a consistent way, and posting those to a Web site. But not changing the content, not exercising any additional editorial control or any of that sort of thing. Basically just making the access easier and smoother. That's what I was thinking.

Marjorie Greenberg – NCHS – Chief, C&PHDS

But if you look at the language, it's really quite a bit more than that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But I think then that's probably it for today in terms of reviewing the recommendations, and so certainly, to the extent that the coordinating role then needs to be clarified and different factors in there need to be teased apart for discussion, perhaps this is something we would want to put on a future agenda. It sounds like Marjorie and Marjorie may be interested in that. Is that fair?

Marjorie Greenberg – NCHS – Chief, C&PHDS

That's true.

Marjorie Rowland

This is Marjorie Rowland. Interested in?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, in further discussions in the vocabulary taskforce.

Marjorie Rowland

I agree with Stan that I think that is appropriate subject matter for the vocabulary taskforce to discuss at least.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. In terms of our next steps then, so one agenda item in the future will be discussions about the nature of a coordinating role for the recommendations that we made that have been forwarded. I think though that the primary thing that we had previously said we wanted to work on next was generally infrastructure and tooling. And in the recommendation that was just forwarded, we talked there about standardizing parameters for infrastructure and for tooling. And so one idea is if folks want to share about how we can approach this in committee discussions, how we would structure input and what timing do you think is appropriate if we were going to have public hearings on infrastructure and tooling.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Jamie, I guess one related, but different, question, I guess, a little bit is, is there any idea how the Office of the National Coordinator or someone else would select this single agency? The reason I ask that question is that it would seem like if, as we were holding the hearings to talk about the infrastructure and tools, you would want interested parties from the named agency to make sure that they're present and, in fact, have people that may end up being the responsible people participate there so that they had a clear understanding from the start of sort of the intent and what we were trying to accomplish. Do we have any idea about the process or timeframe in which an agency would be named or whether they would want any input from this committee about who we might suggest?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I don't know. I wonder if either Betsy or Chris, if you have any insights onto the next steps for that process.

Betsy Humphreys – National Library of Medicine – Deputy Director

The recommendation was sent forward when?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

When was it?

Chris Brancato – Deloitte – Manager, Health Information Technology

April 28th, I believe.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Betsy Humphreys – National Library of Medicine – Deputy Director

I think that my own, well, the recommendation includes in it things that are definitely related to the contract support that ONC is in the midst of setting up for its standards related function in the sense that some of those contracts would provide support potentially for ONC or whoever they designated to do this. And there are some who are both, and there are related things. My sense would be that I don't know this for a fact, but my sense would be that they would be responding to this recommendation or considering it in the context of having finished and made the awards on those contracts and having the various support mechanisms in place. I mean, that would just be my assumption, so I know that they're working on getting those done ASAP, but they're not done yet.

I don't see them instantaneously making a decision on this before that happens. That is literally Betsy Humphreys talking. I have not had a discussion with anyone about this. That's the way it looks to me from the outside however.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Relating that then back to Stan's point that whoever is going to be in this central coordinating role should be involved in infrastructure and tooling discussions. At the same time as that's desirable, I don't want to hold things up while the process goes on.

Betsy Humphreys – National Library of Medicine – Deputy Director

No, I would agree with that. The other thing that maybe this is off the topic. I don't know whether it is or isn't. But some time ago in the committee, we were talking about the fact, the need to have some discussion and maybe with Stan giving us a primer at the beginning of the discussion about the role of what he calls detailed clinical models and other people archetypes, and there's probably something else they're called in terms of the relationship between those and the vocabularies and potentially also the message standards. I don't know whether that's an infrastructure discussion, but I think we should get that on an agenda for a meeting in the future. It also relates to some of the things that Doug has talked about in terms of the overall infrastructure approach.

Chris Brancato – Deloitte – Manager, Health Information Technology

Jamie, it's Chris Brancato. I'll second that because I agree. I think that's very consistent with what Doug has in mind.

Betsy Humphreys – National Library of Medicine – Deputy Director

I mean, I was thinking that maybe that I guess I regard it as infrastructure. Maybe it's not exactly what you were thinking about, but I just don't want to lose the fact that we should get that on an agenda.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

How would you structure that, and from whom would we get input?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think the first thing is not so much input as it is just background, and then the input probably comes after that. The tie-in basically is that the value sets are all defined according to a particular use that you want to use them for, and that always ties or context for that usage is always provided by what model or what situation is it where you would use that, which in a practical sense says we're creating a value set to be the ordered medication in an NCPDP script message. This set of things are meant to be used laboratory codes in the OBX segment of HL-7 messages, or it's from the quality point of view; it's saying these are the set of codes that are included in quality measure, you know, query for denominator, that sort of stuff. So that's the context.

And I think, what it points to or the requirement that it points to is how you make that context clear in the definition of the value set, and usually the artifact that you're tying to then would also lead to who is it that would be the owner of the value set. And so I think that's sort of background so that, as we started looking at tools and other things, you're really sort of saying one of the requirements is to be able to maintain the association between a value set and the particular information models or static models or rules or protocols that you use that value set. And so I think it's background for sort of creating the requirements for what we need to do this properly as an operational activity.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Now do you think that in terms of the reusability of a value set for different purposes, are there likely to be disagreements about the reusability? Maybe, Floyd, this is a question for you. Are there other points of view about reusability that are different from some of those conclusions that you've drawn in NQF?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Yes, I think their reusability is really dependent on the careful description of what the intended use of the value set was. If, for instance, it's identifying all RxNorm codes for ACE inhibitors, then as long as that's kept up to date, then whenever someone else needs all ACE inhibitors, that would make sense. If it's a specific indication for identifying an exclusion, for instance, for a measure, so all patients who have the pacemaker in place and how that's done.

Someone else who wants to know who has a pacemaker in place needs to understand the context of why it was developed to see if it would work for them. But if that's properly defined, they are reusable. It's just making sure that they're defined carefully enough so that another user would know that this applies or doesn't apply. Does that help?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

It does. I think where I was going with that question was, I wanted to make sure that we weren't going to essentially have as background something that would tilt our thinking according to a certain line that others might disagree with.

Betsy Humphreys – National Library of Medicine – Deputy Director

One of the aspects of this, which I think everyone knows, is that there are competing or, shall we say, different systems and proposals about how to deal with this. And it seems to me that part of the background would be what are these different systems. And, of course, there is the whole HL-7 version 3 RIM discussion about whether that's a good thing or too complicated to move forward with, and maybe should be either implemented more or less or skipped over, and something simpler and easier developed to replace it—this is a total simplification of these issues, obviously—the open EHR archetypes and their use in some countries and so forth. It seems to me that this is a good area to have the background about what are these, you know, something about these different contenders or systems or whatever, and the degree to which they are similar or different, and what looks like to anyone in the discussion a logical way forward.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes. Jamie, I wasn't planning to espouse a particular philosophy or anything about feasibility of reuse. I was simply going to give people an introduction to the work we've done at Intermountain, the work that's going on within archives in Australia, the logical record architecture work that's going on within the U.K., the detailed clinical model work that's going on within HL-7, the HL-7 RIM, Tolvin, you know, the groups that are doing this kind of work, and some fundamentals about basically what's been said about binding terminologies to static models or to protocols, you know, Arden, syntax, that sort of stuff.

I think it would then the committee's prerogative to say do we want to hold a session where we would invite those people to come in or others that I haven't listed to come in and talk about their individual philosophies. But I think it's much more likely that what we want to do is set up the repository so that it's flexible enough that the value sets could be bound to archives, or they could be bound to HL-7 messages, or they could be bound to detailed clinical models because I don't think that question is going to be settled, nor do I think we want to make a decision in this group that there's one and only one modeling activity that we want to be aligned with.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right. And so thank you. That's very helpful. I was also thinking that I don't know how deeply we really need to go into the different positions and the different approaches in order to insure that we have a repository that can handle different approaches. And so I know that Mark Shafarman and others are

working on some of those repository approaches that can span the open air and other approaches that are used more here. I guess one thing is we could go into each of those areas for background and more depth, or we could review the sort of cross-fertilized repository approaches that are being taken.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes. No, I agree with you. I think there's not too much that we would need to know except general mechanisms that would get you, if you will, to an individual data field within a structure. All ... essential....

Operator

As a reminder, speakers, please mute your computer speakers. That's why we're receiving an echo.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes. I've done that. There's a second streaming audio showed up. Who did that, I don't know. That was interesting. Now we're back to one, so that's good.

Yes, I think you're right, Jamie. We don't have to get into a lot of detail, and the exact way that paths are specified could be ... so that second streaming audio showed up again.

Betsy Humphreys – National Library of Medicine – Deputy Director

It's a feature.

Operator

We're taking care of this, but for all of you who are speakers, you should have your computer speakers turned off because that's why you're hearing the echo. You shouldn't be able to even hear anything out of your computers. That's what's creating the echo. You should be listening through your phones, and we're taking care of this right now. We apologize.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

We can do that too. Then I forget to turn it on, and then I'm in trouble, but anyway. Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I guess the question I was asking really is how much background do we need in different approaches to finding vocabularies to a particular context in order to insure that infrastructure is flexible.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think all we need to really have to do is sort of be aware of the diversity because I would class all of the information model things into one area, but then binding to rules or protocols or clinical measures, I think, is a little different. And it may end up all being the same, but we probably just need to think about it, and I know it would be a good education for me to see what Floyd has thought about or, you know, how that would be approached, and if it's any different from binding an information model than it is to binding in a quality measure.

Marjorie Greenberg – NCHS – Chief, C&PHDS

This is Marjorie. I don't know. I think the purpose of our work, of course, is to inform us so we can inform the workgroup, so they can inform the committee, so it can inform ONC, I guess. But I know there is an educational function of hearings often, and the advisory committee is told. And I thought some of the things that Stan was suggesting could be quite informative if they bring it to get some of those perspectives and get some greater understanding on this. But I don't know what the group is interested in.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No, I would agree with you very much, Marjorie. This is Jamie. I think that having essentially an educational session where we hear from some of these different information models or archetype approaches, as well as different binding approaches. And I also want to get back to the different approaches to repositories. That sounds like a pretty full day to me right there.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, and I think that as we heard when Doug was talking about the model that ONC was thinking about here, the NIEM and other approaches like that really do speak to this notion of having, at level of common information model, as a simplifying thing in terms of insuring the type of exchange that you really want to have and interoperability, so I think this is a very good thing to have.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Yes. This is Floyd. I would agree. I think the other thing that comes up, especially with respect to certification, is that the issues are often at the – or with measurement or other users – often at the edge of systems and not necessarily within, and there may be different ways to describe where the edges are. So I think this would be a good discussion to help address some of that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I'm hearing, I think, pretty strong consensus for starting to plan a hearing to gather input on these various approaches. So then what?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think, once we have some, you know, I don't know how formal we want to be about this, if we want to go as far as saying, okay, based on the education we've had and any other knowledge that we bring to the table, can we state a fairly high level set of requirements that we have for what the repository needs to do? I think we've hinted at some of those things by things that have been said in the committee that we expect a particular value set to have an owner. And we expect – we think we need to have a way of maintaining and recognizing versions and when versions happen and who made the change, and those kinds of things.

And the purpose in stating those high level requirements would be a presumed next step would be to ask is there something already that's in existence that could meet our needs. I think it's better to go into that sort of discussion with sort of an agreed set of requirements as opposed to sort of looking at each one and choosing the best one, but having more or less a standard set of requirements against which we can evaluate the systems and be a basis for saying we choose this one. But in addition, there needs to be some functionality added, or it won't meet the needs, as we understand them.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think that sounds like a very sensible approach, so after a hearing to gather input, then we would have a subsequent meeting or meetings to determine and draft repository requirements for the different parameters.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think that would be a good way to go. I would invite other thoughts too.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Sounds sensible to me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

What sort of timing do folks think is appropriate for the hearing and the subsequent meetings? I think, on the one hand, we have to consider the needs of implementers in 2011 for meaningful use. On the other hand, I think we've had some experience in the standards committee of trying to rush some hearings where we end up with less than full participation, so we have to give folks enough time to think about it, to create their testimony, and in some cases get clearance.

What I'd like to suggest is that we at least notionally that we basically take the month of May to refine our discussion about the hearing and subsequent meetings: the content, the questions, who would be involved, and then I think we should plan to have, to issue invitations, probably a month in advance of the hearing. Does that sound like a reasonable schedule to other folks?

Marjorie Greenberg – NCHS – Chief, C&PHDS

The way you're describing this, does that put the hearing in June or July?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

That would put the hearing at the end of June or early July.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Okay. Early July is not a great time just because of July 4th.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, I agree.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes, if we could get it so we could hit the end of June, I think that would be better.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

It does happen that there's a standards committee meeting on June 30th in Washington, and we could take the day before that on the 29th as the target date for this hearing.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Actually, I have on my calendar the HIT Standards Committee clinical operations workgroup's vocabulary taskforce that day.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Marjorie Greenberg – NCHS – Chief, C&PHDS

So we should have it on our calendars.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

It is. So we can take that. That's a placeholder, and so I think we can take that scheduled time and use that for this hearing if that sounds appropriate to everyone.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes, I think that sounds great.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Then we would plan to issue invitations and questions for discussion by the end of May.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes. I'd say the sooner the better because people's – I mean, I realize we need to plan this a bit, but even if we didn't have the questions, all the questions yet, if there's certain people we know we really want to have there or that we need to hear from, the sooner we can try to get on their calendars the better.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. Let's talk about that for a minute. If we're going to have this hearing on the 29th to gather input on approaches to information models and archetypes, binding, and also repository approaches, then what are the different perspectives, and who are the key people we really want to hear from ideally?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think we would want Bob Dolan. You know, he's worked with not only CDA, the HITSP Foundation, and I don't know. Maybe that's you too, Jamie, but in creating at least – I've been part of some HITSP discussions a long time ago about value sets related to HITSP and CDA, and I think Bob is sort of at least the person I know who is probably the repository of most of that knowledge.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, I wouldn't disagree with that. Floyd, what about yourself?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Yes. I have some HITSP knowledge, but I do think Bob would add. He was on the foundation's committee that did some of this discussion.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I was thinking more about getting the NQF's perspective.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Absolutely.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

I'm happy to do that. We're basing a lot of our work on the quality data set and model of information that measure developers can use, so I think that would help a lot.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. Do we need to hear from someone in the open EHR community?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think it would be good to. It may be hard to get them. They're all out of country. But we could ask, or maybe they could join, you know, do it via WebEx or something. I think the other person I would think is the one that you mentioned from HL-7 would be Mark Shafarman because of his work with templates and HL-7's discussion around not just, well, I think their discussion has been more about template repositories. But I think he would be also very conversant with these issues about binding.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right. I'm sorry Chris Chute is not able to be with us on this call today, but he may also have some suggestions for folks, particularly on the issue of binding.

Betsy Humphreys – National Library of Medicine – Deputy Director

The other issue is whether, or the other thought that crosses my mind is whether it would be relevant to have someone who would be addressing this issue from the NIEM side.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think that's a great point.

Betsy Humphreys – National Library of Medicine – Deputy Director

And I guess we could talk to Doug about what he thinks would be a good way to do that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Marjorie Greenberg – NCHS – Chief, C&PHDS

I didn't understand what you suggested, Betsy, from the what side?

Betsy Humphreys – National Library of Medicine – Deputy Director

NIEM, the National Information Exchange Model.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Thank you. Now on the repositories, I think we already heard from some of the repository type activities out of the previous hearing.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Betsy Humphreys – National Library of Medicine – Deputy Director

We did.

Marjorie Greenberg – NCHS – Chief, C&PHDS

I don't know if there are others that we need to hear from.

Betsy Humphreys – National Library of Medicine – Deputy Director

There may be. We should think about that. We did hear from a number of them. Maybe we need a way of going back over that testimony and possibly getting, maybe getting some responses to some more focused questions around that area.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Right. That's what I was thinking.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I think this is a good start. We certainly have a few works we can reach out to, and I guess, Floyd, put a lock on your calendar for that date, please.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

It's on my calendar. It has been.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Stan, I wonder if you would care to make, perhaps, an overview presentation.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I'd be glad to do that.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Wonderful.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. Well, I think that's a good start.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Sounds good to me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Chris, I think then we'll have to think about exactly when we can send sort of hold the date messages out, but I think ideally we'd want to get messages out to Bob Dolan, to Floyd, and Stan, whose calendar it's already on, to Mark Shafarman. We need to figure out who we're going to invite from the open EHR community and probably get input from Doug Fridsma on how can give us the input from NIEM.

Chris Brancato – Deloitte – Manager, Health Information Technology

Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But I agree with, I think it was Marjorie, who said the sooner you can get a hold the date message out the better.

Chris Brancato – Deloitte – Manager, Health Information Technology

Got it. I'll make sure that happens.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think we've accomplished our agenda items for this call. Are there other points that folks want to bring up on these or any other matters before we invite public comment and close the call? We can take more time if you want. Hearing nothing, then I just want to recap. Our general plan for next steps is we'll have additional discussions within the taskforce to refine our witnesses and our questions for a hearing to gather input on approaches to information models and archetypes, binding vocabularies, to context, and to exchange messages, for example, and input on repository approaches other than what we've already heard. Following that, we'll plan one or more meetings to determine repository requirements based on that input, including things like ownership of value sets, scheduled dissemination, and evaluation criteria that we'd want to recommend for repositories.

But I also want to go back to the first item of discussion that we had today because I think we heard very clearly that we want to come back and have taskforce discussions on the nature of this coordination role for vocabularies, as well as value sets and subsets back in our recommendation number one that was sent on to the National Coordinator. So I don't want to lose sight of that, but I think that's really separate from this plan for the hearing and subsequent meetings. So I think perhaps maybe Marjorie and Marjorie, maybe we can talk offline about the timing for having those discussions and separately schedule a meeting of the taskforce to talk about that issue. Does that sound acceptable?

Marjorie Rowland

Sounds fine to me.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Sure. Good.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Good. Unless anybody wants to bring up anything else, Chris, I think we're ready to see if there are any public comments.

Chris Brancato – Deloitte – Manager, Health Information Technology

Sounds good. It's public comment time for this meeting. Caitlin, if you wouldn't mind giving the instructions on how the public can make a comment.

Operator

Sure thing.

Chris Brancato – Deloitte – Manager, Health Information Technology

We'll wait a couple minutes until we can get people into the queue.

Operator

We don't have any questions at this time.

Chris Brancato – Deloitte – Manager, Health Information Technology

Thank you, Caitlin. Jamie?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. I guess that's it for this meeting then. Thanks very much, everybody.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Thanks. Bye.

Chris Brancato – Deloitte – Manager, Health Information Technology

Thank you.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Thanks, Jamie.